ST. ANNE'S HOME/ELDERLY 3800 NORTH 92ND STREET

3800 NORTH 92ND STREET			
MILWAUKEE 53222 Phone: (414) 4	63-7570	Ownership:	Nonprofit Church/Corporation
Operated from $1/1$ To $12/31$ Days of Ope	ration: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed $(12/31/$	02): 116	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	121	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	109	Average Daily Census:	104
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Services Provided to Non-Residents   A	ge, Sex, and Primary	Diagnosis of Residents (12/31/02)	Length of Stay (12/31/02)
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	%
Home Health Care		Primary Diagnosis		Age Groups	%		54.1
Supp. Home Care-Personal Care	No	•		!		1 - 4 Years	29.4
Supp. Home Care-Household Services				Under 65			16.5
Day Services		Mental Illness (Org./Psy)	39.4	65 - 74	1.8		
Respite Care	No	Mental Illness (Other)	8.3	75 - 84	30.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56.0	*******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.9	Full-Time Equivaler	ıt
Congregate Meals	Yes	Cancer	1.8			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	0.0			(12/31/02)	
Other Meals	No	Cardiovascular	6.4	65 & Over	100.0		
Transportation	Yes	Cerebrovascular	8.3			RNs	8.3
Referral Service	Yes	Diabetes	0.9	Sex	%	LPNs	7.4
Other Services	Yes	Respiratory	2.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	31.2	Male	14.7	Aides, & Orderlies	42.7
Mentally Ill	No			Female	85.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:	:	Family Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	o/o	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	2.8	217	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	11	100.0	228	54	90.0	117	0	0.0	0	34	94.4	194	2	100.0	117	0	0.0	0	101	92.7
Intermediate				6	10.0	97	0	0.0	0	1	2.8	184	0	0.0	0	0	0.0	0	7	6.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		60	100.0		0	0.0		36	100.0		2	100.0		0	0.0		109	100.0

ST. ANNE'S HOME/ELDERLY

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		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period					 % Needing		Total					
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of					
Private Home/No Home Health	8.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	0.0		79.8	20.2	109					
Other Nursing Homes	15.0	Dressing	11.9		78.0	10.1	109					
Acute Care Hospitals	66.1	Transferring	26.6		63.3	10.1	109					
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.3		64.2	17.4	109					
Rehabilitation Hospitals	2.4	Eating	47.7		45.9	6.4	109					
Other Locations	7.9	* * * * * * * * * * * * * * * * * * *	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	******					
Total Number of Admissions	127	Continence		8	Special Treat	tments	용					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.7	Receiving I	Respiratory Care	3.7					
Private Home/No Home Health	19.3	Occ/Freq. Incontiner	nt of Bladder	61.5	Receiving '	Tracheostomy Care	0.0					
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	24.8	Receiving S	Suctioning	0.0					
Other Nursing Homes	5.0				Receiving (	Ostomy Care	1.8					
Acute Care Hospitals	9.2	Mobility			Receiving :	Tube Feeding	4.6					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.9	Receiving N	Mechanically Altered Diets	22.9					
Rehabilitation Hospitals	0.0											
Other Locations	8.4	Skin Care			Other Resider	nt Characteristics						
Deaths	58.0	With Pressure Sores		5.5	Have Advanc	ce Directives	91.7					
Total Number of Discharges		With Rashes		1.8	Medications							
(Including Deaths)	119	[			Receiving 1	Psychoactive Drugs	50.5					

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		Ownership:		Bed	Size:	Lic	ensure:		
	This	Nong	Nonprofit Peer Group		-199	Ski	lled	Al	1
	Facility	Peer			Group	Peer Group		Faci	lities
	90	90	Ratio	엉	Ratio	96	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.4	85.6	1.02	88.6	0.99	84.2	1.04	85.1	1.03
Current Residents from In-County	89.9	88.1	1.02	85.4	1.05	85.3	1.05	76.6	1.17
Admissions from In-County, Still Residing	40.9	23.6	1.73	18.6	2.20	21.0	1.95	20.3	2.02
Admissions/Average Daily Census	122.1	134.2	0.91	203.0	0.60	153.9	0.79	133.4	0.92
Discharges/Average Daily Census	114.4	140.2	0.82	202.3	0.57	156.0	0.73	135.3	0.85
Discharges To Private Residence/Average Daily Census	22.1	46.8	0.47	76.5	0.29	56.3	0.39	56.6	0.39
Residents Receiving Skilled Care	93.6	90.1	1.04	93.5	1.00	91.6	1.02	86.3	1.08
Residents Aged 65 and Older	100	96.3	1.04	93.3	1.07	91.5	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	55.0	52.8	1.04	57.0	0.97	60.8	0.91	67.5	0.82
Private Pay Funded Residents	33.0	34.8	0.95	24.7	1.33	23.4	1.41	21.0	1.57
Developmentally Disabled Residents	0.9	0.6	1.47	1.0	0.91	0.8	1.14	7.1	0.13
Mentally Ill Residents	47.7	35.2	1.35	28.5	1.67	32.8	1.46	33.3	1.43
General Medical Service Residents	31.2	23.7	1.32	28.9	1.08	23.3	1.34	20.5	1.52
Impaired ADL (Mean)	46.2	50.5	0.91	50.9	0.91	51.0	0.91	49.3	0.94
Psychological Problems	50.5	54.7	0.92	52.9	0.95	53.9	0.94	54.0	0.93
Nursing Care Required (Mean)	5.0	7.2	0.70	6.8	0.74	7.2	0.70	7.2	0.70